POSSIBLE. FAILURE TO PROVIDE COMPLETE INFORMATION OR TO SUBMIT PLEASE COMPLETE AND RETURN THIS FORM TO US AS SOON AS THIS FORM COULD DELAY ISSUANCE YOUR VISA.

FULL NAME:(As it is in Shenasnameh)							
IF MARRIED OR PREVIOUSLY MARRIED WOMAN, GIVE THE FAMILY NAME OF HUSBAND							
IF NAME CHANGED FOR ANY REASON, GIVE ALL PREVIOUS NAMES AND DATE OF CHANGES:	S						
2. DATE OF BIRTH: Day: Month: Year:							
DATE OF BIRTH IN IRANIAN CALENDAR (As it is written in Shenasnameh):							
Day: Month: Year:							
3. PLACE OF BIRTH:							
4. SEX: MALE FEMALE							
5. PRESENT OCCUPATION / PROFFESION:							
6. HAVE YOU WORKED FOR THE GOVERNMENT OF IRAN IN ANY CAPACITY? YES: NO:  (If answer is YES, please indicate on a separate sheet where you worked and what yo job was as well as the dates)	ur						
7. HAVE YOU EVER APPLIED FOR A VISA TO ENTER THE UNITED STATES? YES: NO: (If answer is YES, please indicate):							
WHERE ?:	_						
WHEN ? :	_						
Visa was issued: ☐ Visa was refused: ☐	_						
(If you applied more than once, continue on a separate sheet of paper)							

SEE REVERSE

Form DS-1885

Υ	HAVE YOU EVER BEEN TO THE UNITED S  /ES:  NO:  No:  If answer is YES, please indicate):	STATI	ES?					
	ADDRESS IN THE U.S.		DATES			TYPE OF VISA		
			ROM TO					
9. HAVE YOU EVER STUDIED IN THE UNITED STATES? YES: NO: (If your answer is YES, please provide name and address of school where you studied and the dates, if you studied more than one school, please give information on ALL schools.)								
	NAME AND ADDRESS OF SCHOOL		DATES					
			FROM		ТО			
10. DURING THE PAST FIVE YEARS, HAVE YOU TRAVELLED TO LEBANON OR LIBYA FOR ANY REASON?								
YE	S:							
(If a	answer is YES, please indicate WHERE, WH	IEN a	nd WHY you	travelled	<del>/</del> ?			
	Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reweaving the final collection. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (OSI/RA/DIR), Washington, D.C. 20520-0264, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (1405-0015), Washington, D.C. 20503.							